







Dear Indiana Retired Teacher:

The Indiana State Teachers' Retirement Fund (TRF) is dedicated to sponsoring a low-cost, high-quality group health insurance plan for TRF retirees age 65 and over and are enrolled in Medicare Parts A & B. That's why we're happy to continue offering you a health plan from Anthem Blue Cross and Blue Shield (Anthem). As part of that plan, you'll receive Anthem's Blue View VisionSM at no extra cost.

Whether you're already a member of the TRF program or joining for the first time, the information in this packet will tell you everything you need to know about the plan being offered. The enclosed brochure explains the plan's features, which are designed exclusively for TRF members and their spouses.

Traditionally, this plan renewed every May. As of January 1, 2015, the renewal month was changed to January. Your member rates will increase 3% in January 2016 (plus your age-rate increase) and are guaranteed through the end of 2016.

This plan offers:

- The same excellent coverage as an Individual Medicare Supplement "F" Plan, plus a major medical provision, and an outstanding vision plan, at very competitive rates.
- Guaranteed acceptance — no medical questions to answer.
- Automatic crossover of claims — Medicare sends most claims directly to Anthem after processing its portion.
- Unlike Medicare Advantage Plans, there are no network restrictions or referrals for the medical plan.
- Automatic premium deductions from your TRF pension check.
- Worldwide coverage for medically necessary services.

Please note as well:

- This plan does **not** include coverage for prescription drugs.
- This is a group health plan, not an Individual Medicare supplement plan.
- This plan isn't a long-term care policy and doesn't cover custodial nursing home care.

The plan year runs from January 1, 2016, through December 31, 2016. There are two times when a retired teacher and his or her eligible spouse can sign up in this program. These two times are:

1. During the annual open enrollment period before January 2016. This will make January 1 the date that coverage begins for 2016. Information will be sent to you in the fall of 2016 for the 2017 plan year.
2. TRF retirees age 65 or older may apply within 30 days after the date they were signed up in Medicare Parts A and B or within 30 days of the day they retire.

If you're requesting coverage during the open enrollment period, please return your application as soon as possible in the enclosed envelope, but no later than November 12, 2015.

New members

If you're signing up for the first time, please review the information in this packet, complete the application and return it in the enclosed envelope.

Current members

If you're already a member, you don't need to send in anything. Your health plan will automatically continue at the new rates.

If you have any questions, please call your Anthem Customer Service representative for retired teachers toll free at **1-866-649-2041**, Monday through Friday, 8 a.m. to 6 p.m. EST, or the hotline at **1-317-228-3772**. Or you may email TRFhelpline@resutton.com.

Group health benefits



The Indiana State Teachers' Retirement Fund (TRF) and Anthem Blue Cross and Blue Shield (Anthem) know it's important to you to have a group health insurance plan that has medical and vision coverage all in one — while still low in cost and high in quality. That's why we're bringing you just that. This plan for TRF members is brought to you by an organization you know and trust, and gives you the strength of one of the nation's largest health insurance companies, one that's been around for nearly 70 years.

The Anthem group health plan is for retirees and their spouses age 65 and older who have Medicare Parts A and B. Having this coverage in addition to the Medicare coverage helps protect you and your spouse from many of the costs Medicare does not cover.

Anthem's plan is easy to get and use:

- Anthem and TRF have worked together to bring you the coverage you want:
- You don't need to get a physical exam or complete a medical questionnaire to apply for coverage.
- Your premium (the monthly fee you pay for health care coverage) is automatically taken from your pension check.
- If your premium is more than your retirement benefits, you may pay Anthem directly or arrange to have the premium automatically paid from your bank account.
- You can call an Anthem representative toll free if you have any questions. You may also contact the Hotline or email the TRF Helpline.
- The plan works easily with your Medicare plan.
- After Medicare is done working on your claims, Anthem will work on any costs that are left over that are covered under this plan.
- When Medicare makes benefit changes, this plan adjusts automatically.

The plan is even helpful on the go:

- If you plan to do some traveling in your retirement, you can relax knowing you'll be covered.
- Your Anthem identification card is all you'll need to help get high-quality health care coverage across the country and throughout the world.

Want to be a member?

You may ask for coverage within 30 days after you become old enough to get Medicare or within 30 days of when you retire. You may also ask for coverage during the open enrollment period. Please read the letter we sent in the packet that came with this booklet for more information about signing up and when coverage begins.

If you want to join the program, fill out the form we've included with the packet, and return it to us in the envelope we've included.

Note: If your pension deduction will include a retiree and spouse, the total deduction will be based on each person's age when they get coverage.

Supplemental major medical provision

In the event that you would have some charges that are not already covered by Medicare and the Anthem plan, the major medical provision may kick in and cover those additional expenses.

The major medical portion of this plan has a low \$200 deductible (the amount you pay before your insurance starts to pay) for each person for the year. After that's met, the plan pays 80% of costs that are allowed under this plan for most covered care.

After your 20% coinsurance amount (what you pay for care after your deductible's paid) reaches \$500, the plan pays 100% of the maximum allowable amount (the most the plan allows) for costs that are covered. This means your expense is \$700 for all covered medical costs (this doesn't include prescription drug copays — what you pay for medicines).

All charges may be checked by Medicare and Anthem to see if they're medically necessary. This is explained in the group insurance certificate. You will have to pay any charges not covered by your policy.

Benefit chart¹

Covered services	Medicare pays	Anthem Medicare complement plan pays
Part A		
Inpatient hospitalization First 60 days Days 61 – 90 Days 91 – 150 Additional 365 days After the additional 365 days	All but Part A deductible All but daily copayment All but daily copayment \$0 \$0	Part A deductible Daily copayment Daily copayment 100% of Medicare-approved expenses May be covered under Major Medical ²
Skilled nursing facility Days 1 – 20 Days 21 – 100 After 100 days	100% of approved amount All but daily copayment \$0	\$0 Daily copayment May be covered under Major Medical
Hospice care Hospice care drugs Hospice respite care	Medicare pays 100% All but \$5 per drug 95% for inpatient respite care	\$0 \$5 per drug 5% for inpatient respite care
Part B		
Charges not falling under Part A Excess charges (above Medicare approved amounts) Diagnostic clinical lab Blood – first three pints Blood – after first three pints Routine checkups and screening tests	Generally 80% after Part B deductible \$0 100% \$0 on the first three pints 100% Generally 80%	Generally 20% and Part B deductible 100% of approved excess charges \$0 100% of first three pints \$0 Generally 20%
Foreign travel	\$0	100% of Usual and Customary for emergency and nonemergency medically necessary services
Prescription drugs	Not covered	Not covered
Vision care plan	\$0	Vision Plan included – see additional details

¹ This chart is a summary of benefits only. Please refer to the *Certificate* for details regarding benefits, maximums, limitations and exclusions.
² All Major Medical coverage is subject to Anthem’s determination of medical necessity, a \$200 annual deductible, and payable at 80% of Usual and Customary.

Blue View VisionSM

At Anthem Blue Cross and Blue Shield, we understand that vision benefits are essential to maintaining your overall health and well-being.

Blue View Vision, our vision program, provides a cost-effective vision plan that includes exams and eyewear available through a broad range of eye care providers and locations. The plan is easy to use and offers savings beyond basic coverage. Blue View Vision provides you with an innovative vision program to meet your unique needs and improve your overall wellness.

Finding a Blue View Vision provider

Blue View Vision has an extensive national network of participating providers contracted under a vendor agreement with EyeMed Vision Care. You can easily find a provider conveniently located near you. Nationally, we contract with independent optometrists and ophthalmologists, as well as retail locations such as 1-800 CONTACTS®, LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Please call Blue View Vision at 1-866-723-0515 if you have questions about your vision benefits or need to locate a provider.

Using a participating provider

By using a participating provider, you minimize your out-of-pocket expenses and receive the benefits of not having to hassle with paperwork, since the participating provider verifies your eligibility and obtains all the necessary information. You simply pay your copayment and any remaining balance at the time of your appointment.

Blue View Vision providers offer you discount pricing, which is significantly below retail. You receive substantial savings (15-40% or more) on most additional eyewear pair purchases, conventional contact lenses, lens treatments, specialized lenses and various sundry items.

Using a nonparticipating provider

If you choose to go to a nonparticipating (non-network) provider, you must pay the provider directly at the time of service. Out-of-network claims must be submitted by you. Simply submit a claim for reimbursement. When using a nonparticipating provider, your coverage may be limited and your out-of-pocket expenses may be greater.

Covered services	What you pay when you use a Blue View Vision network provider	What we'll pay when you use a non-network provider
Vision examination, including dilation and refraction as needed	\$10 copayment	Up to \$42
Covered once every 12 months		
Prescription lenses (pair) Standard plastic lenses up to 55 mm and all ranges of prescriptions	\$20 copayment	
Covered once every 24 months <ul style="list-style-type: none"> Single vision lenses (pair) Bifocal lenses (pair) Trifocal lenses (pair) 		Up to \$40 Up to \$60 Up to \$80
Frames	No copayment, up to \$130 retail value	Up to \$45
Covered once every 24 months		
Contact lenses (instead of frame and lens benefits)		
Covered once every 24 months <ul style="list-style-type: none"> Contact lenses (elective)* Contact lenses (nonelective)* 	No copayment, up to \$130 retail value No copayment	Up to \$105 Up to \$210
Lens options	Member cost for upgrades (subject to change)	
UV coating	\$15	Discounts on lens option upgrades are not available out of network.
Tint (solid and gradient)	\$15	
Standard scratch-resistance	\$15	
Standard polycarbonate	\$40	
Standard progressive (add-on to bifocal copayment)	\$65	
Standard antireflective coating	\$45	
Other add-ons and services	20% off retail	

* See the *Certificate of Insurance (Certificate)* for definitions of elective and nonelective contact lenses.

Blue View Vision exclusions and limitations

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Materials and any items not covered above may be purchased at discount pricing from a Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force:

- The schedule above represents the plan allowance toward eligible benefits and may not cover all charges.
- The next frequency of the eligible benefits are based upon last date of service.
- The lens option discount program is listed above for informational purposes only. It is subject to change without notice and is not included in the *Certificate of Insurance*.
- Insured members receive 20% off the balance over the plan allowance for frames and 15% off the balance for conventional contact lenses.
- See the *Certificate of Insurance* (Certificate) for definitions of elective and nonelective contact lenses.

Experimental or investigative. Any experimental or investigative services or materials.

Crime or nuclear energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

Uninsured. Services received before insured person's effective date or after coverage ends.

Excess amounts. Any amounts in excess of covered vision expense.

Vision exams or tests. Any routine examinations required by an employer in connection with your employment.

Work-related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.

Government treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

Services of relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

Voluntary payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

Not specifically listed. Services not specifically listed in this plan as covered services.

Private contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Eye surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Sunglasses. Sunglasses and accompanying frames.

Safety glasses. Safety glasses and accompanying frames.

Hospital care. Inpatient or outpatient hospital vision care.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Nonprescription lenses. Any nonprescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Cosmetic options. Blended lenses/no line, oversize lenses, progressive multifocal lenses, photochromatic lenses, tinted lenses, coated lenses, cosmetic lenses or processes, and UV-protected lenses.

Lost or broken lenses or frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

Combined offers. Not combined with any offer, coupon, or in-store advertisement.

24/7 NurseLine — always here for you

Health concerns can happen when you least expect them. But there's somewhere you can turn for help any time of the day or night.

Call the 24/7 NurseLine to talk with a registered nurse about your health concern. Whether it's a question about allergies, fever, types of preventive care or any other topic, nurses are always there to provide support and peace of mind. And if you want, a nurse will call you later to see how you're doing.

Our nurses can help you choose the right place for care if your doctor isn't available and you aren't sure what to do. Do you need to head straight to the emergency room? Is urgent care best? Or do you need to see your doctor? Making the right call can save you time and money — and give you access to the best possible care.

Do you speak Spanish or another language other than English? We have Spanish-speaking nurses and translators on call. TTY/TDD services are available, too.

If you'd prefer not to talk about your health concern over the phone, the AudioHealth Library might be for you. These helpful prerecorded messages cover more than 300 health topics in English and Spanish. Just call the 24/7 NurseLine number and choose the AudioHealth Library option.

24/7 NurseLine is always here for you. Call toll free at **1-888-279-5449**.



Health insurance application underwritten by Anthem Insurance Companies, Inc.

Please print.

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR COVERAGE FOR YOURSELF

Member last name		First name		M.I.	Date of birth Mo. Day Year		
Street address		City		State	ZIP code		
Social Security no. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	Medicare H.I.C. no.		Medicare effective date Part A: ___/___/___ Part B: ___/___/___		
Home phone no. ()	Email address		Date retired Mo. Year	TRF retiree no.			

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR COVERAGE FOR SPOUSE

Spouse last name		First name		M.I.	Date of birth Mo. Day Year		
Street address		City		State	ZIP code		
Social Security no. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medicare H.I.C. no.		Medicare effective date Part A: ___/___/___ Part B: ___/___/___			
Home phone no. ()	Date retired Mo. Year	TRF retiree no.					

PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you or any listed dependent presently enrolled in any other type of hospital and/or medical insurance? ☐ Yes ☐ No
If yes, complete the following.

Policyholder name		Policyholder date of birth Mo. Day Year		Policyholder Social Security no. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Policy no.	Employer name					
Employer street address	City		State	ZIP code		
Insurance company name				Effective date		
Insurance company street address	City		State	ZIP code		

continues on reverse.

I wish to enroll in the Indiana State Teachers' Retirement Fund Sponsored Anthem Group Health Plan and by completion of the following deduction authorization, do hereby authorize the Teachers' Retirement Fund to deduct from my benefit check amounts sufficient for my contribution (if any) toward premiums for group insurance for which I and my dependents (if enrolled) are or may become eligible.

Social Security no. 	TRF retiree no.	Signature X
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Please cancel my existing membership with Anthem Insurance Companies, Inc. on the effective date of my coverage through the Indiana State Teachers' Retirement Fund Contract. I understand that I am not eligible for this coverage if I already have any health coverage, group or individual, which will not be canceled.

Current identification no.	Member signature X	Date
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Please cancel my existing membership with Anthem Insurance Companies, Inc. on the effective date of my coverage through the Indiana State Teachers' Retirement Fund Contract. I understand that I am not eligible for this coverage if I already have any health coverage, group or individual, which will not be canceled.

Current identification no.	Spouse signature X	Date
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Please read this section carefully before signing the application:

1. I may not assign any payment under my Anthem Blue Cross and Blue Shield program.
2. I am responsible to timely notify Anthem of any change that would make me or my dependent ineligible for coverage.
3. By signing this application, I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.

I acknowledge that I have read the Significant Terms, Conditions and Authorizations, and I accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by Anthem in accepting this application. I understand that any misstatements may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my coverage(s). I understand that this is a group health insurance product and is not a Medicare Supplement plan. I am not eligible for this coverage if I already have, or later purchase, a Medicare Supplement policy.

Member signature X	Date
Spouse signature X	Date

Thank you for choosing Anthem Blue Cross and Blue Shield.

Anthem Insurance Companies, Inc.
P.O. Box 390
Indianapolis, IN 46206-0390

OFFICE USE ONLY	Premium	Effective date

ISTRF Monthly premium rates effective January 1, 2016

Age	Medical and vision rates
under 65 years*	\$133.60
65	\$133.60
66	\$142.73
67	\$152.46
68	\$161.29
69	\$168.65
70	\$172.95
71	\$176.44
72	\$180.82
73	\$184.48
74	\$188.24
75	\$194.53
76	\$200.85
77	\$207.36
78	\$210.49
79	\$211.55
80+	\$212.48

* The "under 65 years" rate is applicable only to currently enrolled members who are under age 65. The Plan can no longer accept new enrollments for members under age 65.





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Anthem Blue Cross and Blue Shield
PO Box 390
Indianapolis, IN 46206-0390